## UTILITY PATENT APPLICATION TRANSMITTAL

new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Doc 21986/005	ket No.	1986/00005				
	entor or Application Ide	ntifier	Hannu L. Suominen			
Title		METHOD AND EQUIPMENT FOR PRE- TREATMENT OF USED TYRES BEFORE A				
Express Mail	PYROLY	SIS PRO	OCESS			

APPLICATION	ELEMENTS		Commissioner for Patents  ADDRESS TO: Box Applications Washington, D.C. 20231				
<ol> <li>Filing fee as calculated below 2. Applicant claims small entity See 37 CFR 1.27.</li> <li>Specification (preferred arrangement set for a Descriptive title of the integral of</li></ol>	(Total Pag orth below) evention ated Applications d sponsored R & D Appendix		7.  Microfiche Computer Program (Appendix)				
- Brief Description of the I			ACCOMPAN	YING APPLICA	TION PARTS		
- Detailed Description - Claim(s) - Abstract of the Disclosu  4. Drawing(s) (35 USC 113)  5. Dath or Declaration  a. Newly executed (origination b. Copy from a prior appropriate of the Disclosu  b. Copy from a prior appropriate of the Disclosu  i. Deletion or Declaration  i. Deletion of Interval of the Disclosu  i. Deletion or Declaration  Signed statement of the Disclosu  i. Deletion or Declaration  1.63(d)(2) and 1.63(d)	12. [1] 13. [3(d)) 14. [15. [15] 15. [16] 15. [1						
17 If a CONTINUING APPLICATION,	check appropriate bo	ox and supply the red	quisite information bel	ow and in a prelimin	ary amendment, or in an		
Application Data Sheet under 37 ☐Continuation ☐ Divis	sional 🔲 Conti	nuation-in-part (CIP)	of prior application No	)			
Prior application information		Group/Art			;		
For CONTINUATION or DIVISIONAL A supplied under Box 4b, is considered a therein. The incorporation can only be	as being part of the d	isclosure of the acco	mpanying application	and is hereby incorp	orated by reference		
	17.	CORRESPONDENC	E ADDRESS				
☐ Customer Number or Bar Code La	(Insei	t Customy (1/6 7/8 here)	ttach bar code	□ correspondence	address below		
NAME	label here Connolly Bove Lodge & Hutz LLP						
ADDRECC	Suite 800						
ADDRESS 1990 M Street, N.W.							
CITY	Washington	STATE	DC	ZIP CODE	20036-3425		
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229		

Fee Calculation and Transmittal

			ce Galculation	ALL ALLA TI	ansmittai			
(Col 1)		(Col 2)	(Col 3)	S	SMALL ENTITY		NON-SMALL ENTITY	
NO. FILED			NO. EXTRA	BATE	FEE	OR	RATE	FEE
10	minus	20	= 0	x9=	\$		x18=	\$0.00
2	minus	3	= 0	x42=	\$		x84=	\$0.00
_ First Presentation, Multiple Dependent Claims +140=					\$		+280=	\$
	Base	Filing Fee			\$370			\$740.00
Other Fee (specify purpose) Assignment Recordation				\$			\$40.00	
TOTAL FILING FEE* (accounting for possible small entity status)				\$	OR	TOTAL	\$780.00	
	10 2 rst Presentatio	10 minus 2 minus rst Presentation, Multip Base	(Col 1) (Col 2)  NO. FILED  10 minus 20  2 minus 3  rst Presentation, Multiple Dependent Cl  Base Filing Fee  cify purpose) Assign	(Col 1) (Col 2) (Col 3)  NO. FILED  10 minus 20 = 0  2 minus 3 = 0  rst Presentation, Multiple Dependent Claims  Base Filing Fee  cify purpose)  Assignment Recordation	(Col 1) (Col 2) (Col 3) S  NO. FILED NO. EXTRA RATE  10 minus 20 = 0 x9=  2 minus 3 = 0 x42=  rst Presentation, Multiple Dependent Claims +140=  Base Filing Fee  Assignment Recordation	(Col 1) (Col 2) (Col 3) SMALL ENTITY  NO_FILED NO_EXTRA RATE FEE  10 minus 20 = 0 x9= \$  2 minus 3 = 0 x42= \$  rst Presentation, Multiple Dependent Claims +140= \$  Base Filing Fee \$370  Assignment Recordation \$	(Col 1)         (Col 2)         (Col 3)         SMALL ENTITY           NO. FILED         NO. EXTRA         RATE         FEE         OR           10         minus         20         = 0         x9=         \$           2         minus         3         = 0         x42=         \$           rst Presentation, Multiple Dependent Claims         +140=         \$           Base Filling Fee         \$370           Eify purpose)         Assignment Recordation         \$	NO. FILED         NO. EXTRA         RATE         FEE         OR         RATE           10         minus         20         = 0         x9=         \$         x18=           2         minus         3         = 0         x42=         \$         x84=           rst Presentation, Multiple Dependent Claims         +140=         \$         +280=           Base Filing Fee         \$370         \$           Sify purpose)         Assignment Recordation         \$

	A check in the amount of \$ to cover the filing fee is enclosed
	No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
X	The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.

X Charge the amount of \$780.00 as filing fee X Credit any overpayment. X Charge any additional filing fees required under 37 CFR § 1.16 X Charge any additional filing fees required under 37 CFR § 1.17 X

Name (Print/Type)	Burton A. Amernick	Registration No. (Attorn	ey/Agent)	24,852
Signature	Mashall	• <b>1</b>	Date	12-4-01

If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

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